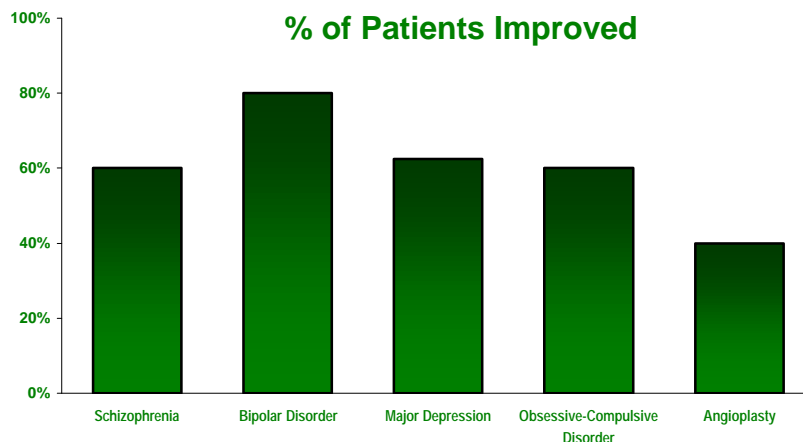




Treating Mental Illness . . .

Is Effective

- The efficacy of treatment for many mental illnesses has been systematically tested in clinical trials. Treatments for major mental disorders have **greater success rates** than common surgical treatments, such as for heart disease.¹
- Treatment for severe mental illness is **effective over time**, reducing the likelihood of relapse.



Can Save Money

- Mental health treatment can **decrease the cost of medical services**, particularly for consumers with chronic medical conditions such as heart disease or cancer.²
- A recent evaluation in Washington state of PACT (Program for Assertive Community Treatment) for clients with serious and persistent mental illness found that the treatment was associated with **less inpatient psychiatric hospitalization, intensive outpatient services, detox, and criminal justice involvement**.³

Is Expensive Without Effective Treatment

- One study found that being depressed was associated with higher average annual medical expenses than smoking, being overweight, having high cholesterol or high blood pressure, or excessive use of alcohol.⁴
- Mental illness results in losses of about **\$75 billion annually in workplace productivity and disability insurance payments**.⁵
- Mentally ill offenders cost about **\$6 billion annually in criminal justice and property loss**.⁶

Is Needed Now

- Washingtonians, during this economic downturn, may have greater need for treatment. When people lose their jobs they are more likely to experience psychological symptoms, seek help for psychological disorders, and commit suicide.⁷ Unemployment in Washington State was 6.2% in November 2002, up from 4.6% one year before.
- In the United States, mental illness is the **second** leading cause of disability and early death, surpassing all forms of cancer, respiratory conditions, alcohol use, and drug use.⁸

¹ National Advisory Mental Health Council. (1993). *Health care reform for Americans with severe mental illnesses*. American Journal of Psychiatry, 150 (10): 1447-65.

² APA Online: "Defining Medical Cost Offset: Policy Implications." 2002.

³ Lechnyr, R. (1992). Cost savings and effectiveness of mental health services. *Journal of the Oregon Psychological Association*, 38, 8-12.

⁴ Olsson, M., Sing, M., & Schlesinger, H. J. (1999). Mental health/medical care cost offsets: Opportunities for managed care. *Health Affairs*, Mar/Apr, 79-90.

⁵ Simon, G., & Katzelnick, D. (1997). Depression, use of medical services and cost-offset effects. *Journal of Psychosomatic Research*, 42 (4), 333-344.

⁶ Thompson D., Hylan, T., et al. (1998). Predictors of a medical-offset effect among patients receiving antidepressant therapy. *American Journal of Psychiatry*, 155 (6), 824-827.

⁷ Dyck, D.G., Cook, E., Stegner, B., Strode, A., & Hendryx, M. (2002). The Clark County program for assertive community treatment: Part 1—Fidelity, process and outcomes. Washington Institute for Mental Illness Research and Training. Washington State University-Spokane.

⁸ Goetzel, R. Z., & Anderson, D.R. (1998). The relationship between modifiable health risks and health care expenditures: An analysis of the multi-employer HERO health risk and cost database. *Journal of Occupational and Environmental Medicine*, 40 (10), 843-845.

⁹ U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration and National Institutes of Health. *Mental Health: A Report of the Surgeon General*, 1999.

¹⁰ Steadman, H.J., Morris, S., & Dennis, D.L. (1995). The diversion of mentally ill persons from jails to community-based services: A profile of programs. *American Journal of Public Health*, 85 (12), 1630-1635.

¹¹ Catalano, R. (1991). The Health Effects of Economic Insecurity. *American Journal of Public Health*, 81 (9) 1148-1152.

¹² U.S. Department of Health and Human Services, Substance Abuse and Mental, Health Services Administration and National Institutes of Health. *Mental Health: A Report of the Surgeon General*, 1999.

¹³ Murray, C.L., & Lopez, A.D. (Eds.). (1996). *The global burden of disease. A comprehensive assessment of mortality and disability from diseases, injuries, and risk factors in 1990 and projected to 2020*.

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